



08/03/00

Please type a plus sign (+) inside this box → ☐

08-04-00

A/Rc

PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DIVISIONAL
REISSUE PATENT APPLICATION TRANSMITTAL

BROADER REISSUE

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No. MAT-3720US3

First Named Inventor Ryoichi Imanaka

Original Patent Number 5,790,172

Original Patent Issue Date
(Month/Day/Year) August 4, 1998

Express Mail Label No. EL635061797US

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
* Small Entity ☐ Statement filed in prior application,
Status still proper and desired (PTO/SB/09-12)
10. ☐ Statement(s)
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☒ Other: Request for Transfer of
Drawings:
Assent by Assignee:
Copy of 1st page of Letters
Patent

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED
(37 C.F.R. § 1.27). EXCEPT IF ONE FILED IN A PRIOR APPLICATION
IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address belowName Jacques L. Etkowicz
Ratner & Prestia

Address P.O. Box 980

City Valley Forge

State PA

Zip Code 19482

Country United States

Telephone (610) 407-0700

Fax (610) 407-0701

NAME (Print/Type)

Jacques L. Etkowicz

Registration No. (Attorney/Agent)

41,738

Signature

Date

8/3/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



08-04-00

08/03/00

ARC

REISSUE APPLICATION FEE TRANSMITTAL FORM
(DIVISIONAL)

Docket Number (Optional)

MAT-3720US3

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 3	**** 0 =	x \$ ____ =		or	x \$ 18 = 0
(C) 8	Independent Claims (37 CFR 1.16(i))	(D) 3	0 =	x \$ ____ =			x \$ 78 = 0
Basic Fee (37 CFR 1.16(h))				\$ ____			\$ 690
Total Filing Fee				\$ 690		OR	\$ 690

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ ____ =		or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =
Total Additional Fee					\$		OR	\$

If the entry in (D) is less than the entry in (C), Write "0" in column 3.
* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
*** After any cancellation of claims
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 18-0350.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 690 to cover the filing / additional fee is enclosed.

8/3/00
Date

Signature of Applicant, Attorney or Agent of Record
Jacques L. Etkowicz, Reg. No. 41,738
Typed or printed name

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Ryoichi Imanaka

Docket No.

MAT-3720US3

Serial No.

To Be Assigned

Filing Date

Herewith

Examiner

Group Art Unit

Invention: **SERVER APPARATUS, SUBSCRIBER APPARATUS AND INFORMATION ON DEMAND SYSTEM**

I hereby certify that the following correspondence:

Divisional Reissue Application with Transmittal and related enclosures

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under
37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231

8/3/00
(Date)

Kathleen Libby

(Typed or Printed Name of Person Mailing Correspondence)

Kathleen Libby
(Signature of Person Mailing Correspondence)

EL635061797US

*("Express Mail" Mailing Label Number)*JC869 U.S. PTO
09/631542

08/03/00

Note: Each paper must have its own certificate of mailing.